



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Phelim's Nursing Home
Name of provider:	Flanagan's Nursing Home Limited
Address of centre:	Dromahair, Leitrim
Type of inspection:	Unannounced
Date of inspection:	14 June 2018
Centre ID:	OSV-0000395
Fieldwork ID:	MON-0024241

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Phelim's Nursing Home is a purpose-built centre which opened in 1996. It is currently registered for 65 residents. The centre is located in a rural area approximately 1km outside the town of Dromahair in County Leitrim. Most residents have lived in the surrounding area prior to their admission to the centre. The centre provides care and support for female and male adult residents mainly from 65 years of age. Respite and convalescent care may be provided to both under and over 65 years. Day care services are also provided to residents from the local community. The building has two floors with all residents accommodated on the ground floor. This comprises of three units: Lough Gill, Railway View and Inisfree. Bedroom accommodation comprises a mix of single, double and multiple occupancy rooms. There are 12 single rooms, nine double rooms, six three-bedded rooms, three four-bedded rooms and one five-bedded room. The provider is currently in the process of extending the premises. The environment is homely, comfortable and well maintained. A secure courtyard garden is available. Nursing and care staff are available 24 hours per day and the management team are all based in the centre to oversee care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
14 June 2018	11:30hrs to 18:30hrs	Marie Matthews	Lead

Views of people who use the service

Residents spoken with were very happy with the care provided by the staff and told the inspector that there was always a member of staff close by to help them. They were complimentary regarding the quality and variety of food on the menu.

Capacity and capability

This inspection was carried out to examine a representation received from the provider following the issuing of a notice of proposed decision by the Chief Inspector to apply conditions to the registration of the centre.

There was a clear effective management structure in place with clear lines of accountability and authority. The registered provider also fulfills the role of the person in charge and is based in the centre. She is supported by an assistant director of nursing and a team of registered nurses, healthcare assistants, housekeeping, catering, administration, and laundry and maintenance staff.

The provider representative demonstrated a positive attitude and was clear that she wanted the service to be in compliance with the regulations and meet the residents' needs. It was clear that she and the other staff had a good knowledge of residents' likes, dislikes and background information.

The centre was well resourced with staff. The rota confirmed that there were sufficient staff on duty to supervise care and to ensure the needs of the residents living in the centre were met. There were appropriate recruitment procedures in place. The provider had recently recruited new staff in preparation for extending the premises and increasing occupancy. These staff had already commenced employment after completing a period of induction to allow them to become familiar with the residents. All staff had been appropriately vetted.

The suitability of multiple occupancy bedrooms has been identified on previous inspections. The provider is in the process of extending the building. The extension is in three phases and will be completed in 2021. This is discussed further under the heading of Quality and Safety.

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of clinical training provided to enable staff to meet the needs of residents. All staff had completed mandatory training in areas such as fire safety, manual handling and safeguarding.

Judgment: Compliant

Quality and safety

The residents appeared to be very well cared for and looked relaxed and happy. There were appropriate mechanisms in place to ensure that residents were properly assessed on admission, and that the supports required to meet their needs were put in place. There was a varied nutritious diet provided and sufficient staff available to support residents.

The physical environment was comfortable and homely and decorated to a good standard; however, some residents were accommodated in multiple occupancy bedrooms which did not fully take account of their privacy and dignity. To address this issue, the provider explained that they are in the process of extending the premises. The project is intended to be completed in three phases and when complete, will address these issues and ensure that the centre is suitable for its stated purpose. As the planned date for completion of the extension is 2021, the inspector examined the impact the multi-occupancy rooms had on the rights of residents at the time of the inspection.

Some residents were accommodated in multi-occupancy bedrooms where three, four or five residents shared a bedroom. The provider had refurbished these rooms to a high standard replacing beds with low entry beds and providing new flooring and privacy screens. Each resident had their own wardrobe space to store their clothes and a lockable bedside locker to keep their personal possessions. However, the size and layout of some of these rooms did not afford the residents sufficient personal space for the normal activities of daily living. For example, in some rooms there was not enough space for each resident to have a chair beside their bed. This meant that these residents would depend on staff to make a chair available to them if they wanted to attend to their personal needs beside their bed space, or to sit beside their bed. A chair beside a bed would also give the resident the option of spending quiet time in their room away from the main sitting room, and the requirement to make such a chair available on request rather than as a matter of routine availability therefore made such an option less accessible for residents.

Some of the residents accommodated in multi-occupancy bedrooms had reduced mobility and some had higher hygiene needs due to their dependencies. Staff showed the inspector how this impacted on the neighbouring residents in that when staff attended to a resident's personal care, staff had to move the nearest adjacent

bed to allow a wheelchair to be positioned near to the bed of the resident being assisted.

The centre had three bathrooms for the 35 residents who did not have access to en-suite bathroom facilities. Only one of these was accessible on the day of inspection. The inspector identified from daily notes that there were a higher number of residents having assisted washes than showers or baths. This was despite a further finding that most residents' documented preference was for a shower in the records reviewed. By way of example, one resident's recorded preference was for a daily shower. The shower records reviewed for this resident indicated that they had a weekly shower. The relative lack of bathrooms in the centre for the number of residents who do not have en-suite facilities may impact upon the degree to which residents' preferred personal hygiene needs are being met. Residents in one three-bedded room in the Railway View unit were required to travel a long distance to the nearest accessible shower or bath, travelling along a long corridor and through the reception area which impacted on their privacy and dignity.

There was insufficient storage in centre resulting in residents' personalised equipment, for example specialised chairs, being stored inappropriately in toilets areas.

At times during the inspection communal areas such as the dining room were congested making it difficult for residents to effectively negotiate the area.

The extension when complete will afford residents the opportunity to be accommodated in either single or double rooms.

Regulation 12: Personal possessions

Each resident had access to and could retain control of their personal property. A wardrobe and personal locker was provided for each resident. Clothing was laundered regularly on site and all clothing was individually labelled to ensure its safe return after laundering was complete.

Judgment: Compliant

Regulation 17: Premises

Aspects of the premises required review to ensure they met the assessed needs of the residents. At times during the inspection communal areas such as the dining room were congested making it difficult for residents to effectively negotiate the area.

There were insufficient accessible bathrooms/showers for use by residents in the

multi-occupancy rooms.

There was insufficient storage for residents' personalised equipment, for example specialised chairs, which were stored inappropriately in toilets.

In some of the multi-occupancy rooms there was insufficient space for some residents to have their chair left by their bedside.

Judgment: Not compliant

Regulation 18: Food and nutrition

Each resident was assessed on admission for their nutritional needs and their food preferences were clearly recorded. Residents were closely monitored for weight loss.

A dietitian and a speech and language therapist attended the centre regularly to assess residents and their advice was included in the resident's nutritional care plan and implemented in practice. A list of each resident's special dietary requirements was communicated to the kitchen staff.

The inspector observed that the evening meal offered a choice and looked hot and appetising. Drinks and snacks were provided between meals and included homemade bread, cakes and scones. The dining room was located close to the kitchen and the day room, and the food aromas helped stimulate the residents' appetites. There were appropriate numbers of staff present to assist residents. The inspector saw that for some residents the dining experience did not provide an opportunity for a change of scene or for them to engage with different residents because they remained in the sitting room and had their meal in their chair.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was evidence that an appropriate pre-assessment was completed for each resident prior to admission. Following admission, assessment of the resident's activities of daily living, including mobility, nutrition, communication, personal care, mood and sleep were recorded.

There was evidence of ongoing monitoring of falls, pain management, weight, mobilisation and, where appropriate, blood screening and urinalysis. Most care plans reviewed were person centred and reflected any changes to the resident's health and social care needs and the recommendations of specialists. Personal care plans

included the resident's preference for maintaining personal hygiene. Those reviewed all indicated that a shower was their preference.

Judgment: Compliant

Regulation 9: Residents' rights

The needs of some residents in multi-occupancy bedrooms could not be met without moving neighbouring beds. This impacted on the privacy of the neighbouring bed space.

Residents in one-three bedded room in Railway View unit were required to travel a long distance, and through the reception lobby, in order to access an appropriate shower or bath.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Phelim's Nursing Home OSV-0000395

Inspection ID: MON-0024241

Date of inspection: 14/06/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>1. The Registered Provider will expand its nursing home in three phases in advance of the regulatory deadline of 1st of January 2022 to ensure that it is in full compliance with the applicable provisions of Schedule 6 when they enter into force, subject to the Chief Inspector’s registration of each of those expansions at the material.</p> <p>2. In the interim, to allay concerns the Chief Inspector may have with regard to our commitments, we confirm the following plan:</p> <p>(a) The Registered Provider will apply within one month for registration by the Chief Inspector of the first phase expansion which will include:</p> <p>(i) a new building with 20 single rooms en suite; (ii) four disabled toilets; (iii) an assisted bathroom; (iv) a sitting room; (v) dining room and kitchenette; (vi) two private sitting areas; (vii) a hair salon; (viii) Administration Offices; (ix) Board Room and Training Facilities; (x) a store room; (xi) a treatment room; (xii) a sluice room; (xiii) a cleaner’s room; (xiv) a purpose-built laundry facility which will replace the existing laundry facility within the Centre; (xv) and the conversion of the existing laundry room into a two-bedded en suite room</p> <p>resulting in an application to the Chief Inspector for approval of this expansion with 20 beds and the conversion of the existing laundry room into a two bedded room en suite.</p> <p>Our plan is that if the Chief Inspector approves the conversion of the existing laundry room into two-bedded en suite room plus the 20 single rooms in the new building, the Registered Provider would at that stage of approval immediately reduce the existing five-bedded room to a four-bedded room and one of the existing four-bedded room to a three-bedded room.</p> <p>3. In the interim, pending the Chief Inspector’s approval of the first phase expansion, we</p>	

have almost fully converted a bathroom to an accessible wet room to facilitate the residents in the multi-occupancy room identified. This is due for completion on 30th September 2018. Our Statement of Purpose will be amended to reflect this change.

4. The two remaining expansion phases will progress concurrently and the Registered Providers Plan is to commence those phases around mid October 2018 with a view to their completion well in advance of the 1 January 2022 deadline.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

1. As stated above upon the favourable decision by the Chief Inspector of our application for the approval of our first phase expansion, to include the conversion of the existing laundry room into a two bedded room, en suite, the Registered Provider will immediately attend to the reduction of the 5 bedded room to a four bedded room and one of the four bedded rooms to a three bedded room.
2. Separately, in the interim the Registered Provider will consult with each of the residents currently living in the multi-occupancy rooms to assess their needs and their perception of impacts on their privacy and dignity.
3. A comprehensive assessment and consideration of individual privacy and dignity needs will also inform new admissions to all multi-occupancy rooms

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	14/06/2018
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	14/06/2018